

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005154

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 31 Primary Registration District No. 4039 Registrar's No. 4

FILED FEB 19 1963

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lincoln</u>		c. CITY OR TOWN <u>Lincoln</u>	
Length of stay in 1b. <u>Life</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Main Street</u>		d. STREET ADDRESS (If outside, give location) <u>Main Street</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Ada</u> Middle <u>May</u> Last <u>Cook Pohl</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>11</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 9, 1886</u>	9. AGE (last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u> Hours <u>18</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City, and state or country) <u>Benton County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Henry Cooke</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Williams</u>	

14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Frances Heakley, Lincoln, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> Cerebro Vascular Accident Atherosclerosis, generalized		INTERVAL BETWEEN ONSET AND DEATH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour <u>8:50</u> a.m. <u>P.</u> Month, Day, Year <u>2-11-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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21. I attended the deceased from <u>8-1961</u> to <u>2-12-63</u> and last saw her <u>her</u> alive on <u>2-11-63</u>		22a. SIGNATURE (Degree or title) <u>Aboulaye</u>		22b. ADDRESS <u>Cole Camp Mo</u>	
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22c. DATE SIGNED <u>2-12-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 13, 1963</u>	
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23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		23d. LOCATION (City, town, or county) <u>Lincoln</u>		23e. STATE <u>Mo</u>	
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24. FUNERAL DIRECTOR <u>Fred Davis & Son, Lincoln, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-13-63</u>		26. REGISTRAR'S SIGNATURE <u>Betty Erickhoff</u>	
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USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAR 22 1963

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0310

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STATEMENT BY LICENSED EMBALMER

5-0P

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Le Roy DAVIS, Student Embalmer No. 659

working under my personal supervision.

Student Le Roy DAVIS
Signature of Student Embalmer

Signed Gene E. Bartman

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.